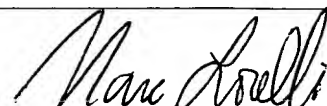
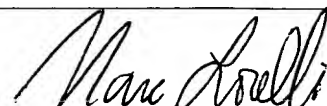
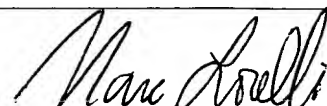


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>98-26</b>		Total Pages <b>20</b>	
New nonprovisional application under 37 CFR 1.53(b)		First Named Inventor or Application Identifier <b>Bell et al.</b>			
		Express Mail Label No. <b>EE096002249US</b>			
		ADDRESS TO: Assistant Commissioner for Patent Box Patent Application Washington, D.C. 20231			
Application Elements See MPEP chapter 600 concerning utility patent application contents.		See 37 CFR 1.53(b)			
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> [Total Pages 1] (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> <b>Microfiche Computer Program</b> (Appendix)			
2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages 13- including cover sheet] (preferred arrangement set forth below) -Descriptive title of the invention -Cross References to Related Applications -Statement Regarding Fed sponsored R&D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		7. <b>Nucleotide and/or Amino Acid Sequence Submission</b> (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies			
3. <input checked="" type="checkbox"/> <b>Drawings(s)</b> (35 USC 113) [Total Sheets 3]		<b>ACCOMPANY APPLICATION PARTS</b>			
4. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting Inventor(s) named in the prior application See 37 CFR 1.63(d)(2) and 1.33(b).					
5. <input type="checkbox"/> <b>Incorporation By Reference</b> useable if Box 4b is Checked) The entire disclosure of the prior Application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by references therein.		8. <input type="checkbox"/> <b>Assignment Papers</b> (cover sheet & document(s)) [Total Pages ] 9. <input type="checkbox"/> <b>37 CFR 3.73(b) Statement</b> (when there is an assignee <input type="checkbox"/> Power of Attorney) 10. <input type="checkbox"/> <b>English Translation Document</b> (if applicable) 11. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> [Total Pages 2] <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> <b>Preliminary Amendment</b> 13. <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b> (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> <b>Small Entity</b> <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 15. <input type="checkbox"/> <b>Certified Copy of Priority Document(s)</b> 16. <input type="checkbox"/> <b>Other:</b> _____			
17. If a CONTINUING APPLICATION, Check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____					
18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label _____ or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
NAME <b>Marc Lorelli</b>		ADDRESS <b>DaimlerChrysler Intellectual Capital Corporation</b> <b>CIMS 483-02-19</b> <b>800 Chrysler Drive East</b>			
CITY <b>Auburn Hills</b>		STATE <b>Michigan</b>		ZIP CODE <b>48326-2757</b>	
COUNTRY <b>United States</b>		TELEPHONE <b>(248) 576-5294</b>		FAX <b>(248) 576-7905</b>	

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FEE TRANSMITTAL		*Complete If Known																																																																																																																																																																																	
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<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>03-1800</b></p> <p>Account Name <b>DaimlerChrysler Intellectual Capital Corp.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Lrg. Ent. Fee (\$)</th> <th>Sm. Ent. 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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Washington, D.C. 20231.